

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☒ **FEDERAL CANDIDATE**

☐ **STATE/LOCAL CANDIDATE**

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: <div style="text-align: center; color: red; font-size: 1.5em; margin-top: 10px;">ΣGXA</div>	Date:
---	--------------

I, Katelyn Brawn,

being/on behalf of: Georgians for Isakson,

a legally qualified candidate of the Republican

political party for the office of: Senate

in the primary

election to be held on: 5/24/16

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
	varies	10/4-10/10			

Attach proposed schedule with charges (if available): **gross**

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, MARTIN KILPATRICK

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does

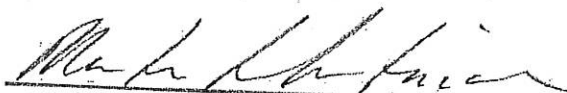
☒ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☒ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☒ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.



signature of candidate or authorized committee

MARTIN KILPATRICK, CAMPAIGN MANAGER
printed name

5/5/16

date

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Jon Anderson

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

5/5/16

Date

[Signature]

Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title



Political Client
Information Request Form

Candidate Name: _____ Johnny Isakson _____

Official Campaign Name: _____ Georgians for Isakson _____

Address: _____ PO Box 250116 _____

City, State & Zip Code: _____ Atlanta, GA 30325 _____

Campaign Phone: _____ 770.818.1493 _____

Campaign Fax: _____ 770.818.1609 _____

Campaign Contact Person: _____ Trey Kilpatrick _____

Campaign Treasurer: _____ Jon Anderson _____